

Primitive Pursuits

Summer Programs 2009 Registration Form



Child's Name _____ **Parent/Guardian Name** _____

4-H Acres is at 418 Lower Creek Rd. in Ithaca, NY. Finger Lakes National Forest programs meet at the Teeter Pond parking area west of Trumansburg, NY. All programs are 9:00am to 2:30pm; ages 6-14 divided into similar-age groups. Staff are on site 8:30am- 3:00pm for supervision before and after programs. Please check all that apply:

- 4-H Acres "Wild Crafting Week 1": June 29th-July 2nd**
- 4-H Acres "Scout Week 1": July 13th -July 16th**
- 4-H Acres "Scout Week 2": July 27th- July 30th**
- Finger Lakes National Forest "Wilderness Week 1": August 10th -August 13^h**
- 4-H Acres "Wild Crafting Week 2": August 17th- August 20th**
- Finger Lakes National Forest "Wilderness Week 2": August 24th -August 27th**

We request payment in full when you register. A minimum of \$50 (non-refundable) is required per week, per child to hold a space. Payment in full is due two weeks before your program start date; if it is not received you may lose your space to someone on the waiting list. Refunds for cancellations will depend on whether your space gets filled. Please contact us with payment questions or to request a scholarship application. On the back of this form, please tell us how you heard about this program.

Address _____ **Email** _____

Phone: (h) _____ **(w)** _____ **(cell)** _____

If we can't reach you in an emergency, whom should we contact? _____

Relationship of emergency contact to child: _____ **How to contact:** _____

- Allergies** _____
- Medical Conditions** _____
- Other Concerns** _____

Birth Date _____ **Current Grade** _____ **Homeschooled?** ___ **Gender** M F **Optional: Race** _____ **Hispanic?** Y N
 (information on race and ethnicity is collected to better serve our diverse community)

By signing this form I give permission for my child to participate in the above-mentioned Primitive Pursuits program of Cornell Cooperative Extension/4-H Youth Development, for Cornell Cooperative Extension staff and emergency medical personnel to give my child medical treatment if necessary, for Cornell Cooperative Extension staff to transport my child, and for my child's photo to be used for Primitive Pursuits or Cornell Cooperative Extension promotional/educational media. I understand that I should alert Cornell Cooperative Extension staff to any medical conditions or allergies that my child may have. I give my consent to receive information about future Primitive Pursuits programs. I give permission for my child to use a knife and tend fires with adult supervision. I understand that my child may get muddy, smelly, and bug bitten.

In addition to me, the following people have permission to pick my child up from camp:

Cost per week is \$170-\$250 (funds from sliding scale are used for scholarships)

Amount to be paid _____ **Amount enclosed** _____ **Please confirm my registration by (circle one)** **email** **phone**

Parent or Guardian signature _____ **Date** _____

Make checks payable to Primitive Pursuits and send c/o CCE-TC, 615 Willow Ave. Ithaca, NY 14850
You may also give cash or credit card information to the CCE-TC receptionist or Primitive Pursuits staff
Contact us at info@primitivepursuits.net or (607)272-2292 ext. 195
This program is an equal opportunity provider

FOR STAFF USE ONLY: rec'd on	deposit rec'd \$	balance due \$
confirmed on	balance rec'd on	database updated